

Instructions for completing the Tuberculosis Contact Investigation Report

1. Case Management Information

- Enter the date the report is completed, usually after the second round of skin testing is completed, or approximately 4 months after the case is reported.
- Enter the county name.
- Enter the case manager's name and telephone number.

2. Case information

If not already completed, enter the patient's name in the space provided. Check one of the 3 categories that best describe the patient's status based on laboratory results that were known at the time the investigation was performed:

- Sputum smear-positive: check here if the initial sputum smear was positive for acid-fast bacilli, regardless of culture results.
- Sputum smear negative but culture positive: check here if the initial sputum smear was negative for acid-fast bacilli, but the culture was positive for *Mycobacterium tuberculosis* complex
- Other: check here if the contact investigation was done because of circumstances not included in the other two. Examples: source case investigation performed because of TB in a child; smear or culture results are from pulmonary specimens other than sputum.

3. Contact Investigation Summary Statistics

a. Number of Contacts Identified: add the total number of contacts identified for this case. Include persons in the total if:

- The health department believes that the person was exposed and an evaluation is warranted.
- Enough information is available for a reasonable opportunity to contact this person, regardless of whether or not the person lives within the health department's jurisdiction.

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b. Number Evaluated: include only the following:

- Contacts whose skin tests have been read. Contacts who were negative on the first test and need a second one placed are not to be counted until the second test has been placed and read.
- Contacts with a positive result on either the first or second tuberculin skin test are counted only when they have had active disease ruled out by an appropriate evaluation. If the TST is positive but the evaluation wasn't completed, do not count here, but list their name in the "Contacts with TST \geq 5mm" section.

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c. Number With TB Disease: enter the number of those who were found to have active TB disease **during the course of this investigation**.

d. Number With Latent TB Infection: enter those with **new** positive skin tests (not TB disease) discovered **as a result of this investigation** and who have had active disease ruled out.

e. Number Previously Documented as TST +

Enter only the number of contacts who have latent TB infection already diagnosed before they were investigated. Count them as "Identified" and "Evaluated"; but **do not count** in "# With Latent TB Infection" or place in the list of contacts. They should be tracked and treated separately.

f. Number < 5mm on preventive therapy

Enter the number of contacts whose first skin test was < 5mm, but who were placed on preventive therapy until latent TB infection is ruled out because they have certain medical conditions that greatly increase their risk of progressing to active disease if they become infected. These people should be placed on preventive therapy regardless of the size of the initial skin test reaction until latent TB infection is ruled out, e.g., children < 5 years of age, or people with any of the high risk medical conditions listed in the CDC's *Core Curriculum on Tuberculosis*, particularly those with HIV disease.

4. Contacts with PPD \geq 5mm

- Enter the information specified **only** for contacts with a skin test \geq 5mm of induration, even if they did not complete an evaluation.
- **Do not** include those with documentation of a previous positive TST.
- Codes for the setting in which the exposure took place are listed on the bottom of the front page.
- Congregate settings include, but are not limited to, health facilities, homeless shelters, correctional facilities, and residential treatment centers.
- For those placed on medication, include only anti-TB drugs. There is no need to list vitamin B₆.
- If treatment was either stopped for any reason or not started at all, enter the reason using the codes at the bottom of the front page.

NOTE: ISDH will prompt you to send completion-of-treatment information one year from the date the case is counted. However, you may send updated completion-of-treatment information at any time



TUBERCULOSIS CONTACT INVESTIGATION REPORT

State Form 50007 (R/4-04)

Indiana State Department of Health

INSTRUCTIONS: attached to the front of the form.

Information submitted on this form is confidential pursuant to IC 16-41-8-1

1. Case Management Information

Date:

County:

Case Manager:

Telephone:

For ISDH use only

State Case #:

Count Date:

2. Patient Information

Name of Patient:

Sputum smear positive

Sputum smear negative but culture positive

Other

3. Contact Investigation Summary

Statistics

a. Number of Contacts Identified	
b. # Evaluated	
c. # With TB Disease	
d. # With Latent TB Infection	

e. # Previously Documented as TST +	
f. # < 5mm on preventive therapy	

4. Contacts with a Tuberculin Skin Test ≥ 5 mm

Name of Contact	Exposure Setting	Sex	Date of Birth	TST Date Read	Result in mm	Medication Regimen	Date Treatment Started	Date Treatment Stopped	Reason Treatment Stopped or Not Started (see codes below)

Exposure Setting: H- Household W- Workplace S- Social C- Congregate O- Other Stop Reason: 1- Death 2- Moved 3- Active TB developed 4- Adverse effect of medication 5- Contact chose to stop 6- Lost to follow-up 7- Provider decision 8- Treatment completed Reason treatment not started: 9- Patient refused 10- Positive TST, evaluation not completed 11- Provider decision

Continuation Page– TB Contact Investigation Report[illegible]

Exposure Setting: H- Household W- Workplace S- Social C- Congregate *Stop Reason:* 1- Death 2- Moved 3- Active TB developed 4- Adverse effect of medication
5- Contact chose to stop 6- Lost to follow-up 7- Provider decision 8- Treatment completed *Reason treatment not started:* 9- Patient Refused 10- Positive TST, evaluation not completed 11- Provider decision